



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS TX 75202-2733

October 20, 2014

CVS Pharmacy #10412
ATTN: Wendy Brant
618 N. Main Street
Donna, TX 78537

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000081959 ✓

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413

Sincerely,

A handwritten signature in cursive script that reads "Shirley Bayless".

Shirley Bayless
Management/Program Analyst
EPA, Region 6
Multimedia Planning and Permitting Division

20140721

Handwritten: 10/14/14
Signature: [Signature]

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

**United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**



1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number TX R0000081959		
3. Site Name	Name: CVS Pharmacy #10412		
4. Site Location Information	Street Address: 618 N Main Street City, Town, or Village: Donna County: Hidalgo State: TX Country: USA Zip Code: 78537		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 4 4 6 1 1 0 C. _____ B. _____ D. _____		
7. Site Mailing Address	Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Country: USA Zip Code: 02895		
8. Site Contact Person	First Name: Wendy MI: L Last: Brant Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: CVS Pharmacy, Inc Date Became Owner: 7/6/2014 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: One CVS Dr City, Town, or Village: Woonsocket Phone: 401-765-1500 State: RI Country: USA Zip Code: 02895 B. Name of Site's Operator: CVS Pharmacy, Inc Date Became Operator: 7/6/2014 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Handwritten: JH Fin. 7-31-14

Handwritten: 640080

Handwritten: 9/25/14 [Signature]

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D004	D005	D006	D007	D008
D009	D010	D011	D016	D018	D024	D027
D035	D035	D039	P001	P012	F075	P188
U002	U010	U031	U034	U035	U044	U058
U059	U070	U072	U089	U122	U129	U132
U150	U151	U154	U165	U188	U200	U201
U204	U205	U206	U210	U279	U411	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

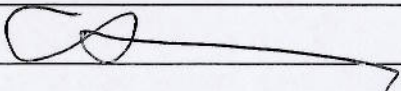
EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

The list of waste codes reported is comprehensive and representative of wastes that may be generated at any time from a 200k+ product inventory. Not all wastes identified will necessarily be generated at each location but the registration is intended to cover the potential generation of those wastes.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage Agent for CVS PHARMACY, INC	7/16/2014

August 15, 2014

CVS Pharmacy #10412
ATTN: Wendy Brant
618 N. Main St.
Donna, TX 78537

To Whom It May Concern:

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Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413

Sincerely,

Sontina S. Powell
Environmental Protection Specialist
EPA, Region 6
Multimedia Planning and Permitting Division

20140721

8/6/14
AP

OMB# 2050-0024; Expires 12/31/2014

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

**United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**



1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number **TX R000081959**

3. Site Name

Name: CVS Pharmacy #10412

4. Site Location Information

Street Address: 618 N Main Street

City, Town, or Village: Donna

County: Hidalgo

State: TX

Country: USA

Zip Code: 78537

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 4 4 6 1 1 0

C.

B.

D.

7. Site Mailing Address

Street or P.O. Box: One CVS Drive

City, Town, or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

8. Site Contact Person

First Name: Wendy

MI: L

Last: Brant

Title: CVS Corporate Environmental Manager

Street or P.O. Box: One CVS Drive

City, Town or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

Email: Wendy.Brant@CVSCaremark.com

Phone: 401-765-1500

Ext.:

Fax: 401-216-0138

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: CVS Pharmacy, Inc

Date Became Owner: 7/6/2014

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: One CVS Dr

City, Town, or Village: Woonsocket

Phone: 401-765-1500

State: RI

Country: USA

Zip Code: 02895

B. Name of Site's Operator: CVS Pharmacy, Inc

Date Became Operator: 7/6/2014

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

QH Fin. 7-31-14

640080

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

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- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) ☐
- f. Other (specify) ☐
- g. Other (specify) ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

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- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

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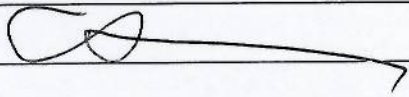
EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

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Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage Agent for CVS PHARMACY, INC	7/16/2014